

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 18, 2004 08:00 AM
Secretary of State

ATX1

DOCUMENT #	P02000006246
1. Entity Name	
BIG INDUSTRIES INC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 19445 SW 14TH STREET	3. Mailing Address Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State PEMBROKE PINES, FL	City & State	4. FEI Number 04-3587845	Applied For <input type="checkbox"/> Not Applicable
Zip 33029-6123	Country USA	Zip	Country
		5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name Marc Putterman	
Street Address (P.O. Box Number is Not Acceptable) 19445 SW 14th Street	
City Pembroke Pines	Zip Code 33029

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	p Marc Putterman 19445 SW 14th Street Pembroke Pines, FL 33029	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1100000081976 03/18/04-80030-018 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Jacqueline Putterman 19445 SW 14th Street Pembroke Pines, FL 33029	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

President

Date

3-15-04

(954) 450-7251

Daytime Phone #